

# LIVE BIRTH

## DATA ELEMENTS THROUGH DECEMBER 31, 2009

The following is a list of data items developed by the Missouri Department of Health and Senior Services (DHSS) that may be requested for administrative, statistical, or research use. Requests for these data items are reviewed for adequate justification and only the minimum necessary items will be provided. These data elements are obtained from the 1989 revision of the Certificate of Live Birth form for all **births occurring through December 31, 2009**.

State of Birth	Mother Race
Child Name ( <i>First, Middle, Last</i> )	Father Race
Newborn Date of Birth ( <i>Month, Day, Year</i> )	Mother Education
Time of Birth	Father Education
Sex	Mother Participated in Medicaid <sup>1</sup>
City/Town of Birth	Mother Participated in WIC <sup>1</sup>
County Where Birth Occurred	Mother Participated in Food Stamp Program <sup>1</sup>
Place Where Birth Occurred ( <i>Type</i> )	# Previous Live Births Now Living
<i>If Residence, Planned Home Delivery (Yes/No)</i>	# Previous Live Births Now Dead
Name of Facility of Birth	Date of Last Live Birth ( <i>Month/Year</i> )
Certifier Title/Type	# Previous Other Pregnancy Outcomes
Attendant Title/Type	Date of Last Other Pregnancy Outcome ( <i>Month/Year</i> )
Mother Name ( <i>First, Middle, Last</i> )	Mother Married at Conception, at Birth, or any Time in Between
Mother Maiden Surname	Date Last Normal Menses ( <i>Month, Day, Year</i> )
Mother Date of Birth ( <i>Month, Day, Year</i> )	Month of Pregnancy Prenatal Care Began
Mother Birthplace State/Province	Total # of Prenatal Care Visits
Mother Birthplace Country	Child Birth weight ( <i>Grams</i> )
Mother Residence State	Crown Heel Length
Mother Residence County	Clinical Estimate of Gestation ( <i>Weeks</i> )
Mother Residence City/Town	Plurality
Mother Residence Street Address	<i>If not a single birth, Order Born</i>
Mother Residence Inside City Limits ( <i>Yes/No</i> )	Tobacco Use During Pregnancy ( <i>Yes/No</i> )
Mother Years at Present Address	Average # of Cigarettes Per Day
Mother Mailing Address	Alcohol Use During Pregnancy ( <i>Yes/No</i> )
Mother Address Zip Code	Average # of Drinks Per Week
Father Name ( <i>First, Middle, Last</i> )	Mother Height ( <i>Feet &amp; Inches</i> )
Father Date of Birth ( <i>Month, Day, Year</i> )	Mother Prepregnancy Weight
Father Birthplace State/Province	Mother Weight Gained During Pregnancy
Father Birthplace Country	APGAR Score at 1 Minute
Mother of Hispanic Origin ( <i>Yes/No</i> )	APGAR Score at 5 Minutes
Mother Hispanic Origin ( <i>Specify</i> )	Mother Transferred From Another Facility? ( <i>Yes/No</i> )
Father of Hispanic Origin ( <i>Yes/No</i> )	Mother Transferred From Facility Name
Father Hispanic Origin ( <i>Specify</i> )	

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<p>Was Infant Transferred Within 24 Hours of Delivery? <i>(Yes/No)</i></p> <p>    Infant Transferred To Facility Name</p> <p>Mother Blood Tested for Syphilis <i>(Yes/No)</i></p> <p>Eye Drug Used <i>(Yes/No)</i></p> <p>Newborn Received Hepatitis B Shot <i>(Yes/No)</i></p> <p>Risk Factors –</p> <p>    Anemia</p> <p>    Cardiac disease</p> <p>    Acute or chronic lung disease</p> <p>    Diabetes (insulin dependent)</p> <p>    Diabetes (other diabetes)</p> <p>    Genital herpes</p> <p>    Hydramnios/Oligohydramnios</p> <p>    Hemoglobinopathy</p> <p>    Hypertension, chronic</p> <p>    Hypertension, pregnancy-induced (pre-eclampsia)</p> <p>    Eclampsia</p> <p>    Incompetent cervix</p> <p>    Previous infant 4000 + grams</p> <p>    Previous preterm or small-for-gestational-age infant</p> <p>    Renal disease</p> <p>    Rh sensitization</p> <p>    Uterine bleeding</p> <p>Obstetric Procedures –</p> <p>    Amniocentesis</p> <p>    Electronic fetal monitoring</p> <p>    Induction of labor</p> <p>    Stimulation of labor</p> <p>    Tocolysis</p> <p>    Ultrasound</p> <p>    Chorionic villus sampling (CVS)</p> <p>Complications of Labor &amp; Delivery –</p> <p>    Febrile</p> <p>    Meconium, moderate/heavy</p> <p>    Premature rupture of membrane</p> <p>    Abruptio placenta</p> <p>    Placenta previa</p> <p>    Other excessive bleeding</p>	<p>Complications of Labor &amp; Delivery <i>(continued)</i> –</p> <p>    Seizures during labor</p> <p>    Precipitous labor (&lt;3 hours)</p> <p>    Prolonged labor (&gt;20 hours)</p> <p>    Dysfunctional labor</p> <p>    Breech</p> <p>    Other Malpresentation</p> <p>    Cephalopelvic disproportion</p> <p>    Cord Prolapse</p> <p>    Anesthetic complications</p> <p>    Fetal distress</p> <p>Method of Delivery –</p> <p>    Vaginal</p> <p>    Vaginal birth after previous C-Section</p> <p>    Primary elective C-Section</p> <p>    Primary emergency C-Section</p> <p>    Repeat C-Section</p> <p>    Outlet or low forceps</p> <p>    Mid or high forceps</p> <p>    Vacuum extraction</p> <p>Abnormal Conditions of the Newborn –</p> <p>    Anemia</p> <p>    Birth injury</p> <p>    Fetal alcohol syndrome</p> <p>    Hyaline membrane disease/RDS</p> <p>    Meconium aspiration syndrome</p> <p>    Assisted Ventilation &lt; 30 minutes</p> <p>    Assisted Ventilation ≥ 30 minutes</p> <p>    Seizures</p> <p>Congenital Anomalies of the Newborn –</p> <p>    Anencephalus</p> <p>    Spina bifida/Meningocele</p> <p>    Hydrocephalus</p> <p>    Microcephalus</p> <p>    Other central nervous system anomalies</p> <p>    Heart malformations</p> <p>    Other circulatory/respiratory anomalies</p> <p>    Rectal atresia/stenosis</p>
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Congenital Anomalies of the Newborn <i>(continued)</i> – Tracheo-esophageal fistula/esophageal atresia Omphalocele/Gastroschisis Other gastrointestinal anomalies Malformed genitalia Renal agenesis Other urogenital anomalies Cleft lip/palate Polydactyly/Syndactyly/Adactyly Club foot Diaphragmatic hernia Other musculoskeletal/integumental anomalies Down Syndrome Other chromosomal anomalies	
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<sup>1</sup>Not available for identified records.

### [Live births beginning January 1, 2010](#)

The following is a list of additional data elements **created** by the Missouri Department of Health and Senior Services for administrative, statistical, or research use. Requests for these additional data items are reviewed for adequate justification and will be provided on a case-by-case basis.

Residence Latitude <i>(Mother)</i> Residence Longitude <i>(Mother)</i> Residence Census Tract <i>(Mother)</i> Public Services Participation Flag <i>(Yes/No)</i> Inadequate Prenatal Care <i>(MO Index)</i> Length of Pregnancy <i>(Weeks)</i>	Calculated Gestational Age <i>(Weeks)</i> Mother Age <i>(Calculated)</i> Father Age <i>(Calculated)</i> Child Race Paternity Acknowledgement Signed <i>(Yes/No)</i>
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